Seguin (E. C.)

HIGHER MEDICAL EDUCATION IN NEW YORK

II.

REORGANIZATION OF THE MEDICAL STAFF OF HOSPITALS.

BY

E. C. SEGUIN, M. D.

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II.

In the editorial article which appeared in the April number of the ARCHIVES, an attempt was made to show that the present medical organization of our general hospitals was unfavorable to their inmates, was not calculated to favor the cultivation of medical science, and was not such as to afford instruction of a higher kind to the internes and to physicians who chose to follow the hospital service.

The chief evils in the medical organization of our hospitals were stated to be the comparatively small number of resident pupils or internes, the excessive number and unequal capacity of attending or visiting medical officers, and, above all, the short periods during which they are on duty.

It is always more easy to criticise and condemn than to build up, and I am not as sure of the value of the remedies which I shall propose, as I was of the unsatisfactory nature of the system I portrayed.

1. The attending or visiting medical staff should be made smaller in all hospitals. That this proposition is not premature is shown by the fact that the governors of the New York Hospital, and the managers of the Roosevelt Hospital, have resolved to allow the number of physicians and surgeons in their institutions to fall, by natural means, to four of each class.

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In general terms, the visiting staff might be so reduced as to allot between thirty and forty beds to each physician or surgeon. Upon the basis of thirty beds to each service, the following would be the number of visiting medical officers in each of our large hospitals, given in approximate figures:

Hospital.	Beds.	Visiting Staff.
Charity	1,000	33
Bellevue	800	26
Presbyterian	100	3
St. Luke's	209	6
New York	150	5
St. Vincent's	250	8
St. Francis'	200	6
German	90	3
Mt. Sinai	160	5
Roosevelt	180	6

I omit from this table the Woman's Hospital and the Nursery and Child's Hospital, because they are, in all essential particulars, special hospitals.

The larger hospitals, as Bellevue and Charity, might well be organized on the basis of one physician to sixty beds, giving the former a staff of thirteen, the latter one of sixteen.

On the other hand, the smaller hospitals, as the German, might need a larger staff, say of four or five members.

2. These physicians and surgeons should be elected by the authorities of the hospitals, solely with respect to their professional excellence and reputation, and in such a way as to secure for the hospital the services of men able to carry out quasi-special work. For example, if two surgeons were to be selected, one should be a good general surgeon and the other one versed in genito-urinary surgery, syphilis, and dermatology. If three or four physicians were to be chosen, one should excel in pulmonary and cardiac diseases, another in visceral and constitutional affections generally, another in diseases of women, and, lastly, one should be expert in nervous diseases.

This brings us to the consideration of the appointment of specialists to hospitals. In the first place, in the present state of

hospital organization in New York, no general hospital needs the services of an oculist or aurist, except as consulting surgeon, because there are well-appointed institutions for the reception of eye and ear cases. I am not in favor of the appointment of specialists, or quasi-specialists, to duty *as specialists*, *i. e.*, with any title indicating what branch of medicine they prefer. I would favor the appointment only of visiting physicians and surgeons, leaving it partly to the medical staff to arrange their services to suit their tastes. The separation of cases in the hospital should, it seems to me, be allowed to take place by a process somewhat like natural selection. For example: Dr. A. being well known as an expert in digestive disorders, cases of this class might be allowed to go into his service, without there being any arbitrary, absolute rule about it. Dr. A.'s advice might, for example, be also sought by a patient with nervous disease, and there need not be any red-tape rule to prevent this. People applying at the hospital would learn in time the peculiar fitness of the various physicians; in case of doubt, members of the resident staff might be entrusted with a preliminary classification of the applicants.

It may be objected that the managers of hospitals would be greatly embarrassed in choosing men in the way suggested; *i. e.*, to select men who were eminent, or, what is perhaps better, who bid fair to become eminent in certain departments (not to use the word *specialties*) of medicine and surgery. This does not seem to me a valid objection, because it is well known that such a selection is constantly being made by people as intelligent, or even less intelligent, than are managers of hospitals, for the purpose of obtaining advice and treatment for themselves. It is becoming a more and more popular idea, or a better understood idea, that all physicians are not equally excellent in all departments of medicine; and by the help of common report, or by a few inquiries, an educated man goes quite accurately to the proper physician or surgeon, specialist or quasi-specialist, for advice. The same common-sense which prevents a woman with uterine disease from consulting a specialist for pulmonary

diseases or for nervous diseases, which leads a man with stricture to seek the help of one of a comparatively small circle of surgeons, would enable the authorities of a hospital, with the advice of their medical staff, to pick out the men who would be well calculated to develop and bring to a high degree of efficiency the various services of the hospital.

The question as to how the selection should be made, whether, as now, upon the recommendation of the medical board and by election by the managers, or by universal competition with a rigid public examination, is a very important one, and one which presents strong points on its various aspects.

The advantages of the competitive plan are well known. By it men are secured simply on the basis of excellence in passing through a series of tests; more self-possessed and clear-headed men, men qualified to become good teachers, are likely to be the successful candidates. The frequent personal bias of managers, and even of physicians, in the choice of a new member of the staff, is thus avoided.

On the other hand, competitive examinations present some important objectionable features. By them the standard of excellence is made to consist in answering questions well. Now, it is an universally admitted fact, that men who have learned the most, whose memories are best, are not by any means always the men who possess the sound judgment, the courage, and, above all, the originality which are needed to make a successful practitioner and teacher. This is borne out by the almost complete scientific sterility and professional mediocrity of naval and army medical staffs, which are filled up under a competitive examination of a high order of thoroughness. Still, by making the examination consist largely of practical tests, this objection might to a certain extent be remedied.

Selection in the way which now obtains in our hospitals presents advantages and disadvantages. Against it may be urged the undeniable fact that managers are sometimes led to a choice by extra-professional considerations, such as social influence, questions of race, religion, etc. On the other hand, if the medical

board were instructed to present two candidates for the vacant place, in order of merit, without "influence" from the managers, it is quite probable that a good man would be elected, *i. e.*, a man peculiarly fitted to take charge of the kind of cases composing the service which needed a new head.

On the whole, in the present state of medical education in New York, I am in favor of the latter way of selecting visiting physicians and surgeons, providing the spirit of the regulations be adhered to.

3. The visiting physicians and surgeons selected as above suggested, with reference to their special qualifications to take charge of wards containing certain classes of disease, should be assigned to continuous duty in the same service, and required to make daily visits at a fixed hour.

The thirty or fifty beds referred to *supra* as constituting a "service" would afford ample scope, if not filled up with incurable cases, for the display of the greatest interest in observation and skill in treatment by the visiting physician, and, would afford the internes enough material for instruction. No physician or surgeon, I may venture to assert, who intends to do justice to his hospital patients, giving each sufferer plenty of time, and to thoroughly understand all his cases; who could and would build up an experience out of his hospital work; or who designs to become a clinical teacher in certain directions, will consider a service of thirty or fifty beds as too small. Having been a personal witness to the neglect or insufficient care of one hundred patients by visiting physicians in general hospitals, and having had charge myself of services varying from twenty-five to one hundred beds, I can state quite positively that a permanent service of from thirty to fifty beds is fully large enough to meet the chief end and purpose of hospital organization, viz., the cure or relief of the largest number of patients.

Of the greatest importance is continuity of service, year after year, until a good reason obtains for changing to another service or to another hospital. By having a continuous service, the physician or surgeon secures numerous advantages:

He has ample time to study his cases, and learning all about new patients is a comparatively easy task.

He can train and educate his staff of internes in accordance with his own conceptions of medical practice, and he can have a routine or traditional way of doing things established, and transmitted through the successive members of the house staff.

He is enabled to systematize certain methods of treatment, more especially for subacute and chronic cases, treatment which may extend over periods of weeks or months, and secure their execution by internes and nurses in an exact manner, year after year in the same way, to the great advantage of patients. He can at all times have a certain number of cases illustrating those diseases which he understands best, and about which he is capable of teaching students and practitioners.

He can collect numbers of well-recorded histories of cases with cure or with *post-mortem* examinations, and make these the basis of articles or books which shall be instructive to the profession, and thus indirectly profitable to the multitude of sick persons elsewhere.

The only objection which I have ever heard addressed against a continuous service, is the fact that it would interfere somewhat with private practice, and would cause the physician a loss of perhaps several hundred dollars a year. But it seems to me that a hospital physician who, from philanthropic and scientific motives, does not value his public service more than he does the adding of two or three visits a day to his receipts is not worthy of his position; and I know the profession well enough to think that managers of hospitals would have no trouble in finding candidates who would look upon the matter in a proper light. Having a hospital service is a high honor; it gives an opportunity for doing some good in an immediate humanitarian way, and in a less direct scientific manner; and a physician should be glad to give from one to three hours a day for this privilege. If there be any men who want hospital services for the nominal honor the post affords —to allow them to write a title after their names, to enable them to occupy positions in medical schools, or to attract private patients,

—if there be a few such men, they will, of course, object to serving poor patients daily, and will naturally champion the present evil system of short services.

By a continuous service, I mean a service extending over the whole year, except the time when the physician needs to go away for rest—a period of from two to six weeks.

The way of providing a temporary visiting medical officer for this period is a matter of more importance than it is now thought to be, and several plans might be suggested.

The present plan of a colleague being left in charge of the absentee's service, in addition to his own, during the summer months is bad enough with the present arrangement of hospital service, and would be even worse under the plan which I suggest: a physician cannot reasonably be expected to do double duty in a thorough manner in New York during the heated term, and in the re-organized hospital each physican or surgeon would be a quasi-specialist, not actively interested in his colleague's branches.

The plan of having assistant visiting physicians and surgeons I can condemn, understandingly, having been an assistant visiting physician myself for a few months. The real use of such assistants is to save the physician a few hours' time occasionally, by making the visit for him. He, the assistant physician, knows little about the cases in the service, he has no standing in the estimation of the patients and of the internes, and his visits are simply ceremonial. Except in hospitals having out-door departments which can be wholly given over to assistant visiting physicians and surgeons, I am quite positive that making such appointments creates a needless complication, and opens a door to neglect of duty by the visiting medical officers.

The best plan would, it seems to me, be that the physician who intends absenting himself should nominate an acting visiting physician to the medical board and board of managers. This would probably ensure the selection of a competent man, of one interested in the same branches of medicine as the attending physician making the nomination. Besides, such acting visiting

physicians or surgeons would naturally, in the course of time, become desirable candidates for filling vacancies.

It is almost needless to add that with a continuous service in one general hospital there would be no desire to hold a similar position in another hospital. Still, there might be no objection to a physician holding appointments in one special and in one general hospital.

The question of a salary or honorarium for visiting physicians and surgeons is an important one. In Europe—on the Continent at least—hospital physicians are paid a modest sum yearly. This establishes more firmly the contract between the managers of the hospital and the medical staff; and in some cases would aid in securing the services of good men. An objection to a salary is, that it would tend to place the physician in the position of an employé, and destroy the satisfaction of doing some charitable work.

4. The re-arrangement of hospitals into smaller services, with their visiting physicians and surgeons on duty all the year round, would necessitate a corresponding change in the resident staff or internes. This change would consist in the creation of a separate resident staff for each service of the hospital. To do this a much larger number of young men would have to be appointed each year, and increased accommodations for their residence and board would have to be provided for, entailing a considerable additional expense on the hospital. Supposing that, as at present, each staff should consist of three members, a resident physician (or surgeon) and two assistants, the following table would represent the *personnel* of our general hospitals. A column is added to show the number of internes if only the house or resident physician (or surgeon) and one assistant were appointed, or allowed to live in the hospital:

To counterbalance the greater cost of so considerable an increase in the house staff, what advantages would accrue from the change? Great advantages, I believe.

a. Direct advantages: making possible and successful the plan of continuous service of visiting physicians or surgeons; the

thorough cultivation of such service ; the making and writing out of complete observations ; the doing of minute and exact therapeutic applications ; the saving of time which the young men could employ in study ; and, lastly, the health and even lives of promising young men, now endangered by overwork in hospitals, would be made more secure.

Hospital.	Beds.	Visiting Staff.	Resident Staff (3).	Resident Staff (2).
Bellevue	800	13	39	26
Charity	1,000	16	48	32
Presbyterian	100	3	9	6
St. Luke's	209	6	18	12
New York	150	5	15	10
St. Vincent's . . .	250	8	24	16
St. Francis'	200	6	18	12
German	90	4	12	8
Mt. Sinai	160	5	15	10
Roosevelt	180	6	18	12
Total . . .	2,139	72	216	144

b. Indirect advantages : There is often something dangerously narrow and near-sighted in the administration of charities. For example, material relief or medical service is given to applicants without any inquiry as to whether they are proper subjects for charitable assistance, and without attention to the pauperizing tendency of such recklessly-extended assistance. So, it seems to me, is the way in which the governing bodies of general hospitals are apt to look at the institutions under their charge. They fancy that their hospital is created and maintained for the relief of suffering people in their immediate vicinity and nothing more. If that function be well performed, the managers are satisfied, and they seem to have no conception of a hospital as a centre whence a far-reaching beneficence may radiate. To cure three hundred sick annually is a good deed, but is not the completion of the education of young medical men likewise a worthy object? These men leave the hospital to settle in private practice in the country or city, and what they observed and learned while in hospital is the means of relieving and curing multitudes of sick in the course

of years. Every one in the community is or should be personally interested in the thorough training of young physicians, partly from philanthropic motives, but also from selfish motives, since every one at some time or other comes under a physician's care either at home or while away from the physician of his choice, and there is thus created a personal interest in the general excellence of the medical profession. Now, if the general hospitals of New York could employ a much larger number of young men as internes, and each year send out ten times as many hospital graduates, how immense would be the advantages conferred upon different sections of the country. The function of the hospital to cure and relieve the sick would thus be extended to such proportions that its local good work, that of curing say three hundred sick people annually, would be dwarfed by the indirect good resulting from the practical education and training which the institution had afforded to a succession of internes.

In the table on p. 299 I have inserted a last column, giving the number of internes who would have to reside in the hospitals, but even this might be reduced a good deal, as in many services both assistants might sleep out of the hospital.

There would be, of course, many difficulties in the way of reorganizing hospitals in the direction which experience in Europe has shown to be practicable and eminently useful, and which I have endeavored to sketch in this paper. Encouraged by the words of encouragement which the preceding critical article (see ARCHIVES for April, p. 177) brought me from eminent physicians, I venture to throw out the present sketch of an improved hospital service in New York. The following is a summary of the principles upon which the changes ought to be made :

1. The creation of small services, each consisting of from 25 to 60 beds, according to the size of the hospital.

2. Each service to be under the continuous care of one visiting physician or surgeon for a period to be fixed by regulation, say ten or twenty years.

3. The selection of the visiting physicians and surgeons upon the basis of personal and professional merit, and also upon their

special qualifications for taking charge of services intended to receive certain classes of diseases. This would establish the hospital work upon the same basis as the higher class of private practice, viz., upon the principle of the cultivation of specialties, or of departments of medicine.

4. The creation of a much larger staff of internes, first for the purpose of securing better attendance upon the patients of the hospital, and also for the (no less meritorious) object of educating a greater number of physicians previous to their settling in private practice.

E. C. SEGUIN.

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